

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: FOX RIVER ASSISTED LIVING MEMORY CARE COMM (0010098)

Address: 5800 PENNSYLVANIA AVE, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096349 **End Date:** 02/08/2006 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095591 **End Date:** 09/14/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007191 Served 10/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE	07/01/2006	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/01/2006	Yes

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For the period 06/01/2003 to 05/31/2006
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Survey ID: 0093928 End Date: 12/10/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007064 Served 01/18/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/14/2005	Yes
83.11(3)(d)	NOTIFICATION OF CHANGE IN ADMINISTRATOR	09/14/2005	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	09/14/2005	Yes
83.19(1)(c)	SERVICE AVAILABILITY AND FEES	09/14/2005	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	09/14/2005	Yes
83.21(4)(g)	FAIR TREATMENT	09/14/2005	Yes
83.21(4)(o)	MEDICATIONS	09/14/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/14/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	09/14/2005	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	09/14/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	09/14/2005	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	09/14/2005	Yes
83.33(3)(e)2.b	INJECTIONS	09/14/2005	Yes
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES	09/14/2005	Yes
83.35(7)(a)1	CLEAN AND SAFE WORK HABITS	09/14/2005	Yes

Survey ID: 0091640 End Date: 11/05/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006911 Served 12/12/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	12/08/2004	Yes
83.21(4)(o)	MEDICATIONS	12/08/2004	No
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	12/08/2004	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	12/08/2004	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

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STATE OF WISCONSIN
Bureau of Quality Assurance
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Madison WI 53701-2969

Survey ID: 0090683 **End Date:** 07/22/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 01/13/2005 **SOD #**10007064 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.16(1)(h)1
FORFEITURE---83.19(1)(c)
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.33(3)(e)2.b
FORFEITURE---83.35(1)(e)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 01/20/2006

Date Investigation Completed: 07/11/2006

Subject Area(s)

SUPERVISION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/09/2005

Date Investigation Completed: 09/14/2005

Subject Area(s)

MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/01/2004

Date Investigation Completed: 12/27/2004

Subject Area(s)

MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES
OTHER

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007064

10007064

Date Complaint Received: 11/19/2004

Date Investigation Completed: 12/27/2004

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10007064
10007064
10007064

Date Complaint Received: 10/12/2004

Date Investigation Completed: 12/27/2004

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10007064

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Date Complaint Received: 10/01/2004

Date Investigation Completed: 12/27/2004

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007064

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